

## State of Maine Procurement Justification Form

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services website (Forms page) for additional instructions.

### PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Office of MaineCare Services	
Department Contract Administrator or Grant Coordinator:		Shawn Belanger/Ryan Roberts	
(If applicable) Department Reference #:		See table below	
Amount: (Contract/Amendment/Grant)	\$0.00	Advantage CT / RQS #:	See table below
CONTRACT	Proposed Start Date:		Proposed End Date:
AMENDMENT	Original Start Date:	8/1/2020	Effective Date:
	Previous End Date:	7/31/2021	New End Date:
GRANT	Project Start Date:		Grant Start Date:
	Project End Date:		Grant End Date:
Vendor/Provider/Grantee Name, City, State:		See table below	
Brief Description of Goods/Services/Grant:		MaineCare Accountable Communities Program	

### PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

	A. Competitive Process		G. Grant
X	B. Amendment		H. State Statute/Agency Directed
	C. Single Source/Unique Vendor		I. Federal Agency Directed
	D. Proprietary/Copyright/Patents	X	J. Willing and Qualified
	E. Emergency		K. Client Choice
	F. University Cooperative Project		L. Other Authorization

### PART III: SUPPLEMENTAL INFORMATION

Please respond to ALL of the following:

**1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.**

The problem addressed by this contract is high health care costs within the MaineCare program. These costs often result from less than optimal communication between the various health care providers that provide care for MaineCare members, which can lead to inefficient use of health care services, as well to less than optimal health outcomes for MaineCare members.

MaineCare's "Accountable Communities" initiative seeks to address this problem by creating incentives for

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### PART III: SUPPLEMENTAL INFORMATION

health care providers to communicate with one another and keep MaineCare members healthy. Specifically, the "Accountable Community Lead Entity" with whom the Department will contract may be eligible to receive a shared savings payment for a defined MaineCare population if the Lead Entity meets contractual requirements that include coordination with health care providers in the area. Whether the Lead Entity receives such a payment – and the amount of such payment – is dependent upon (a) the amount of savings generated, and (2) the Lead Entity's performance on a number of quality measures.

This initiative is critical and essential to agency responsibilities or operations in that it can improve the health of MaineCare members and create much-needed savings in state resources.

This amendment extends the Agreement for FY2022.

#### 2. Provide a brief justification for the selected vendor to supplement the response in Part II.

The Department will engage in a contract for Accountable Communities Services with providers that are qualified and approved by the Office of MaineCare Services to provide these services.

#### 3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The provider may be eligible to receive a shared savings payment based on the savings and performance goals defined in the contract. The amount of any Shared Savings payment to the Provider or any Shared Loss recoupment from the Provider will be calculated by the Department pursuant to the method described in Appendix C of the contract: Shared Savings and Loss Assessment Methodology.

#### 4. Describe the plan for future competition for the goods or services.

The Department does not intend to RFP for these services as this is a willing/qualified service.

### PART IV: APPROVALS

<b>Signature of requesting Department's Commissioner (or designee):</b>	<i>By signing below, I signify that I approve of this procurement request.</i>		
	<small>DocuSigned by:</small>		
<b>Printed Name:</b>	66738ED17E0C4B2... Jim Lopatosky	<b>Date:</b>	Aug-25-2021
<b>Signature of DAFS Procurement Official:</b>	<small>DocuSigned by:</small>		
	<i>Jaime Schorr</i>		
<b>Printed Name:</b>	6D6437754DD0459... Jaime Schorr	<b>Date:</b>	11/1/2021

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Vendor Name	Agreement Number	CT Number	PY 7 Projections (original contract)	PY 8 Projections (amendment)
Beacon Health, LLC	OMS-21-3001A	CT-10A- 20200902*0780	\$1,200,000.00	\$1,200,000.00
Kennebec Region Health Alliance	OMS-21-3002A	CT-10A- 20200915*0929	\$2,800,000.00	\$2,800,000.00
MaineHealth Accountable Care Org	OMS-21-3003A	CT-10A- 20200915*0930	\$5,400,000.00	\$5,400,000.00
Community Care Partnership of Maine LLC	OMS-21-3004A	CT-10A- 20200915*0931	\$0.00	\$0.00
		Total	\$9,400,000.00	\$9,400,000.00